

**FORM-23**  
[see Rules 38(3)]  
**FORM OF MEDICAL CERTIFICATE**

“Certified that we have carefully examined \_\_\_\_\_ son of \_\_\_\_\_ a years, and by appearance about \_\_\_\_\_ years. I/We consider Sh. \_\_\_\_\_ to be completely and permanently incapacitated for further service of any kind in the department to which he belongs in consequence of \_\_\_\_\_ (here state disease or cause)”  
(If the incapacity does not appear to be complete and permanent, the certificate should be modified accordingly and the addition should be made)

I am /we are of opinion that Sh. \_\_\_\_\_ is fit for further service of a less laborious character than that which he had been doing /may, after resting for \_\_\_\_\_ months, be fit for further service of less laborious character than that which he had been doing.

Place:-

Medical Authority

Date